OTOLOGY.

UNDER THE CHARGE OF

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Endothelioma of the Outer Ear.—MANASSE reports a case of the above-named disease (*Archiv für Ohrenh.*, vol. xli. p. 6). The tumor in this instance had existed for ten years in the form of a teat attached to the upper part of the auricle of an old woman; latterly ulceration took place in it. It was supposed that the growth had its origin in the lymphatics.

Epithelial Cancer of the Auditory Canal.—MANASSE also reports the occurrence of epithelial cancer in the auditory canal (*Ibid.*). The tumor was removed and permanent cicatrization took place. The typical cells in this case were cylindrical and cubical, whereas usually the cells of epithelial cancer are flat.

Endothelioma of the Middle Ear.—LEUTERT observed an endothelioma of the middle ear, originating in the lower front part of the drum-cavity. This was first considered to be a polypus, but the excessive hemorrhage induced by manipulation led to the diagnosis of endothelioma. The same observer also records his finding in the pedicle of an otherwise benignant nasal polypus a nest of cancer-cells.—*Archiv f. Ohrenh.*, vol. xli. p. 64.

Sarcoma of the Middle Ear.—KUHN reports two cases of sarcoma of the middle ear (*Archiv f. Ohrenh.*, vol. xli. pp. 66–69). In the first case, a man aged thirty-three years, both ears were affected. In the course of two years, beginning with profuse suppuration and the development of malignant growths in each ear, the mouth became inflamed, the teeth dropped out, both eyes exhibited choked disks, the patient broke both legs, apparently from the acquired brittleness of the bones, and finally, with a polyuria, polydipsia, and phosphatic diabetes, death occurred.

In the second case, that of a woman aged forty-three years, it was stated that for two years the patient had suffered from tinnitus aurium, and in her left ear, for this same period, a bluish tumor had been noted. During a year before her examination by Kuhn an otorrhœa had existed in this ear. A small piece of the tumor in the ear was examined, and it was found to be a melanosarcoma. Operation was declined, and the woman withdrew from further observation.

JOEL (*Ibid.*) reports a primary sarcoma of the mastoid in a *child two years old.*

KÜMMEL (*loc. cit.*) claims that the diagnosis of a tumor in the region of the ear may become difficult if the growth suppurates, as the disease then resembles a simple suppuration of the middle ear or mastoid process.

BERTHOLD (*Ibid.*) claims that a choked disk is of diagnostic value only when it is permanent, in cases like that referred to by Kuhn.

KUHN (*Ibid.*) replied that in this case in both eyes there was choked disk, with very indistinct boundaries and inequalities in surface. He considered the phenomenon in this case as due to increased pressure within the brain, which was attributable, however, rather to the sarcomatous growth at the base of the skull than to the ear-tumor.

SCHUBERT (*Ibid.*) claims that simple capillary and venous congestion of the optic papilla without œdema of the retina must be carefully distinguished from a choked papilla with indistinctness of the boundaries and extensive projection into the vitreous chamber. The first form permits no sharp conclusion as to the nature of the intracranial process, and may occur with simple otitis in cases which spontaneously heal. The choked disk, however, nearly always accompanies a process encroaching upon the cavity of the cranium.

Carcinoma of the Petrous Bone.—DANZIGER (*Archiv f. Ohrenheilkunde*, vol. xli. part 1) reports two cases of the rare disease, carcinoma of the petrous bone. Both proved fatal. In the first case, an unmarried woman aged fifty-four years, the cancerous disease was preceded by forty years of purulent otorrhœa on the side finally affected with carcinoma. In the second case, a man aged fifty years, no ear-disease had ever existed. A glandular swelling behind the auricle following grippe two years previously had been treated by some kind of salve by an irregular practitioner, from the irritation of which the carcinomatous disease seemed to begin and spread inward. Facial paralysis occurred in both cases, and both cases had passed through severe influenza before the cancerous disease developed. The lesions in the brain, however, were very different. The tumor in the first case was soft and resisted by the meninges, whereas in the second case the tumor was firm and extended freely into the cranial cavity, pressing upon the brain, especially upon the superior temporal gyrus, producing aphasia.

Solitary Tubercle of the Seventh and Eighth Cranial Nerves.—MANASSE (*Archiv f. Ohrenh.*, vol. xli. p. 62) exhibited a specimen of the above-named nature, removed from a phthisical patient, aged forty-three years, who had become deaf in the left ear, while the drum-membrane remained normal. Facial paralysis with marked degenerative reaction was observed also on the left side.

The autopsy revealed in the posterior part of the left pons a firm tumor the size of a hazelnut, in the centre of which was a cavity filled with a friable, cheesy mass. Both the facial and acoustic nerves were imbedded in this mass. A second tumor, placed close to the first, reached as far as the surface of the cerebellum and projected above the pia mater the length of a bean. On the surface of this latter tumor the vagus, the glossopharyngeal, and accessorius nerves were quite firmly adherent. Some other tubercles were found in the cerebellum and in the right occipital lobe.

Fibrosarcoma of the Acoustic Nerve.—ANTON reports an occurrence of fibrosarcoma of the acoustic nerve in a man, aged fifty-five years (*Archiv f. Ohrenh.*, vol. xli. p. 61). The patient was seized with headache and blindness of the right eye, and in three hours later with blindness of the left eye. At times he vomited, and he suffered from roaring and hissing sounds in his ears and hardness of hearing. Optic neuritis occurred on both sides and facial paralysis on the right. Death occurred eight months after the first symptoms. The autopsy revealed a tumor the size of a hen's egg, rather soft, with rough surface, situated between the pons and the cerebellum. The origin of the nerves on the left was normal; on the right side the fifth, the seventh, and the eighth nerves ran on the under surface of the tumor and then over it.

The seventh and eighth nerves were imbedded in the tumor and accompanied by the morbid tissue as far as the internal porus acusticus. The position of the right abducens and of the ninth, tenth, and eleventh cranial nerves was altered.

The same writer reports the accidental discovery of a similar kind of tumor at the autopsy of an old man. The growth was the size of a nut and rough, connected with the left acoustic nerve and extending as far as the internal porus acusticus. The acoustic and the facial nerves were separated by the tumor, but connected by a bridge of partly degenerated medullary fibres.

In both cases the fibrosarcoma originated from the sheath of the acoustic and partly from that of the facial nerve.

Thrombosis of the Lateral Sinus.—DENCH and ADAMS record successful operations for the relief of otitic thrombosis of the lateral sinus.—*Trans. Amer. Otol. Soc.*, vol. vi. part 3.

The case reported by Dench was that of a young man, aged eighteen years, who had suffered for a short time from acute otitis media. He had been seized suddenly with earache, which gradually spread backward over the mastoid. He had also suffered from vertigo and nausea. On the fifth day of the disease the auditory canal was found to contain a scanty, seropurulent discharge; there was so-called prolapse of the upper posterior part of the membrana tympani and canal-wall, indicative of defective drainage of the antrum; slight mastoid tenderness; temperature 101° F. The drum-membrane was freely incised and the ice-coil applied to mastoid; but twelve hours later the patient was seized with a chill and the temperature rose to 105.8° F. There were severe headache, delirium, and incontinence of urine and feces. The temperature fell spontaneously in a few hours to 99° F., and then in a few hours it began to rise again and became 103° F., though the patient complained only of headache.

Toxic infection of the lateral sinus was diagnosticated and the patient immediately operated upon after being suitably prepared.

The mastoid cavity was first opened with the chisel, the pneumatic spaces found filled with foul, cheesy matter, and the "free use of the curette showed that the internal table had been entirely destroyed, exposing the meninges." The lateral sinus was plainly seen in the exposed meningeal area, and was found by the exploring-needle to be empty. The sinus, on being opened, was found to contain a fibrinous clot, which was removed by the curette; no hemorrhage followed this procedure. The sinus was exposed and cleaned out to within a quarter of an inch of the bulb of the jugular. Pressure upon the jugular in the neck, coupled with passing a curette through the sinus toward the bulb of the jugular, was followed by a flow of blood. The sinus was then irrigated with normal salt-solution and the wound tamponed with iodoform-gauze. The sinus was next followed in the opposite direction toward the torcular; the curette brought away a firm, fibrinous clot, and finally there was a free hemorrhage. The entire wound was then firmly packed with iodoform-gauze and the dressing allowed to remain in position five days. The temperature did not rise above 99°, and recovery promptly ensued.

In Adams's case (*loc. cit.*) the patient was a young woman, aged twenty-four years. It would seem that the bad treatment of the acutely inflamed ear by means of hot onion-poultices, etc., before Adams saw the case, led to secondary infection of the ear and phlebitis and thrombosis of the lateral sinus. The symptoms, both general and local, and the operation for exposure of the mastoid and middle-ear cavities were similar to that pursued in the case first detailed. The mastoid cavity was found to contain pus and cholesteatomatous material. This was carefully curetted away and the cavity thoroughly cleansed with a solution of bichloride (1 to 5000). The sinus was then uncovered by removal of the inner table of the mastoid with chisel and rongeur forceps. A small quantity of pus was seen to escape from the sigmoid groove. This space was washed thoroughly with a bichloride solution (1 to 5000), and then the sinus, which seemed to pulsate, was explored, but seemed to contain no blood. It was then laid open for three-quarters of an inch, and found to contain a cord-like, dry clot. This was removed from the tract toward the torcular until fluid blood appeared. The contents below were removed for a distance as far as the curette could be introduced, but no fluid blood could be obtained from this side. The sinus was irrigated with normal salt-solution and packed with iodoform-gauze. The upper part of the wound was sutured and the whole covered with antiseptic dressings. Recovery took place in three weeks.

OPHTHALMOLOGY.

UNDER THE CHARGE OF

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Arrest of Hemorrhage after Enucleation of the Eyeball.—SIMEON SNELL (Sheffield, Eng.) has for several years used hot water in controlling the hemorrhage following enucleation of the eyeball.

Immediately after the conclusion of the operation, and while the patient is under the influence of the anæsthetic, the parts are dried as much as possible with a pledget of cotton-wool, and then a roll of cotton-wool which has been dipped in very hot water is immediately plunged into the socket. Bleeding will often be arrested at once; but, if necessary, the proceeding may be